

Is this an update?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**STATE OF MAINE**  
**Commission on Governmental Ethics and Election Practices**  
Mail: 135 State House Station  
Office: 242 State Street  
Augusta, Maine 04333  
Tel: (207) 287-6221 Fax: (207) 287-6775  
Website: [www.state.me.us/ethics](http://www.state.me.us/ethics)  
Electronic Filing: <https://www.mainecampaignfinance.com/public/home.asp>

**REGISTRATION FOR POLITICAL ACTION COMMITTEES**

A political action committee must register with the Commission within 7 days of accepting contributions, incurring obligations or making expenditures in the aggregate in excess of \$1,500 in any single calendar year to initiate, support, defeat or influence in any way a campaign, referendum, initiated petition, candidate, political committee or another political action committee (21-A M.R.S.A. §1053). Use additional sheets to provide information if needed.

**I. COMMITTEE INFORMATION**

Name of committee \_\_\_\_\_ Acronym \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
City, state, zip code \_\_\_\_\_ Fax # \_\_\_\_\_

**II. IDENTIFICATION OF TREASURER AND PRINCIPAL OFFICERS OF COMMITTEE**

A. Committee treasurer \_\_\_\_\_  
Mailing address \_\_\_\_\_ Telephone # \_\_\_\_\_  
City, state, zip code \_\_\_\_\_ FAX # \_\_\_\_\_

**B. Principal officers:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City, state, zip code \_\_\_\_\_ Telephone # \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City, state, zip code \_\_\_\_\_ Telephone # \_\_\_\_\_

**C. Identify any registered candidate for state or county office involved in decision making for this committee.**

Name \_\_\_\_\_ Office sought \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City, state, zip code \_\_\_\_\_ Telephone # \_\_\_\_\_

**III. MAILING ADDRESS (Filing notices and correspondence will be mailed to this address.)**


#### IV. STATUS OF COMMITTEE

Is this a continuing committee? Yes \_\_\_\_\_ No \_\_\_\_\_

#### V. FORM OF ORGANIZATION

A. Name the structure of organization; i.e., corporation, partnership, voluntary association, cooperative, etc.

B. Date of origin/incorporation \_\_\_\_\_

#### VI. STATEMENT OF SUPPORT OR OPPOSITION

Indicate whether the committee supports or oppose a candidate, political committee, referendum, initiated petition or campaign. If unknown at the time of registration, the committee must inform the Commission as soon as the committee knows this information.

Supports \_\_\_\_\_

Opposes \_\_\_\_\_

#### VII. ASSETS OF COMMITTEE

List total assets at time of registration. Include deposits, real and personal property, investments, cash, and all other available assets.

2. \_\_\_\_\_

#### VIII. DEPOSITORY OF FUNDS

Name of depository \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

Name of depository \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

#### IX. CONTRIBUTIONS TO THE COMMITTEE

List the names and mailing addresses of contributors who donate in excess of \$50 each year to the committee and the amount or value of each contribution at the time of registration. Any person who makes contributions on an installment basis, the total of which exceeds \$50 in the calendar year, is considered a contributor to be identified here.

2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Signature of Principal PAC Officer \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_